

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90033 032 ***150.00

DOCUMENT # 808874

1. Entity Name
AMERICAN GENERAL ASSURANCE COMPANY

Principal Place of Business Mailing Address
1000 WOODFIELD RD **1000 WOODFIELD RD**
SCHAUMBURG IL 60173 **SCHAUMBURG IL 60173**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		36-1677770		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
THE INSURANCE COMMISSIONER OF FLORIDA THE CAPITOL BUILDING TALLAHASSEE FL 32304				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEELER, W.M.			NAME			
STREET ADDRESS	3600 ROUTE 66			STREET ADDRESS			
CITY-ST-ZIP	NEPTUNE NJ 07754-1580			CITY-ST-ZIP			
TITLE	DSRC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTIN, RODNEY O JR			NAME			
STREET ADDRESS	2929 ALLEN PARKWAY			STREET ADDRESS			
CITY-ST-ZIP	HOUSTON TX 77019			CITY-ST-ZIP			
TITLE	DVC	<input checked="" type="checkbox"/> Delete		TITLE	DVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BRITTON, DONALD W			NAME	Larry A. Compton		
STREET ADDRESS	2929 ALLEN PARKWAY			STREET ADDRESS	1000 Woodfield Rd., Schaumburg, IL 60173		
CITY-ST-ZIP	HOUSTON TX 77019			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STANKO, R. E.			NAME			
STREET ADDRESS	1000 WOODFIELD RD			STREET ADDRESS			
CITY-ST-ZIP	SCHAUMBURG IL			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KEFFER, WILLIAM M			NAME			
STREET ADDRESS	1000 WOODFIELD ROAD			STREET ADDRESS			
CITY-ST-ZIP	SCHAUMBURG IL 60173			CITY-ST-ZIP			
TITLE	DEVP	<input checked="" type="checkbox"/> Delete		TITLE	DVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ZUREK, THOMAS M			NAME	Felix Curcuru		
STREET ADDRESS	2929 ALLEN PARKWAY			STREET ADDRESS	3600 Route 66		
CITY-ST-ZIP	HOUSTON TX 77019			CITY-ST-ZIP	Neptune, NJ 07754-1580		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard E. Stanko Sr.* **Richard E. Stanko Sr. VP & CFO** 3/6/02 (847) 517-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment I Doct# 808874 B0046819

Attachment to Corporation Annual Report 2002

Block 12. Officers and Directors

D
Thome, Alfred N.
1000 Woodfield Road
Schaumburg, IL 60173-4793

V
Gass, Reed C.
1000 Woodfield Road
Schaumburg, IL 60173-4793

S
Pauletta P. Cohn
2929 Allen Parkway
Houston, TX 77019